

COMPREHENSIVE REPORT

The "Comprehensive Report" shall be submitted within 5 (five) working days of the incident to the appropriate Regional Manager and Regional Director.

Field Office: _____

Reported by: _____

Type of Incident: _____

Incident Occurred: _____

Location of Incident: _____

A. Full description of incident (who, what, where, when, why and how. Include all youth and staff actions and statements during the incident):

B. Staff involved and role they played during/after the incident:

C. What events precipitated this event:

D. Youth involved:

Full Name: _____ JETS#: _____ Race: ____ Age: ____

Disposition Length: _____ Adjudicated Charge(s): _____

Legal Status: _____ Mental Health Level: _____

Medication Compliance: _____

E. Injuries sustained:

<u>Staff or Youth</u> (S or Y)	<u>Full Name</u>	<u>Type of Injury</u>	<u>Cause of Injury</u>	<u>Treatment Received</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- F. Were any weapons or contraband recovered during this incident?
- G. What future impact will or could this incident have on staff and/or youth and/or their families:
- H. What corrective measures were implemented and what follow-up action should be addressed to resolve and/or prevent future incidents?
- I. What disciplinary actions/commendations for staff were recommended?
- J. Is there video/audio of this incident? If so, how many discs are included with this report?
- K. Will transfers or separations be recommended for any of the youth involved?